

Request for Premium Processing Service

Please read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet of paper. Write your name and INS A #, if any, at the top of the paper and indicate the number of the item to which the answer refers.

Use Form I-907 to request premium processing on certain employment-based petitions or applications.

You will need to give us:

- Completed and signed petition or application
- Filing fee that is separate from the check or money order used to pay for the relating petition or application. This check or money order must be attached to the Form I-907.

To file this application see Step 3 for specific instructions

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When Should I Use Form I-907?

You should use Form I-907 to request Premium Processing Service for certain employment-based petitions and applications. You may use this form if you are the petitioner, the applicant, or an attorney or representative acting on behalf of the petitioner or applicant. This request may be filed with the relating application or petition, or it may be filed after, as long as the relating petition or application is still pending.

Premium Processing Service guarantees 15 calendar day processing of certain employment-based petitions or applications. If you request Premium Processing Service within 15 calendar days of the date of receipt, the Immigration and Naturalization Service (INS) will issue an approval notice, notice of intent to deny, request for evidence, or issue a notice if an investigation for fraud on the relating petition or application is deemed necessary. If we are unable to process your petition or application within 15 calendar days, the fee paid for premium processing will be fully refunded.

How Do I File Form I-907?

You must fill out a separate Form I-907 for each petition or application you are submitting. Follow the steps below to complete your application process:

Step 1 - Fill Out the Form I-907

Step 2 - Submit Your Request

Important Notice

The INS wants to make sure that you receive benefits you are entitled to. To do this, we may ask for more evidence, interview you, and/or conduct an investigation. If you give us false documents, misrepresent facts, or otherwise engage in fraud, the INS will take appropriate action. This means we will not only deny your request, but you may lose current and future immigration benefits, and you may face penalties including criminal and/or civil prosecution leading to fines and/or imprisonment.

Step 1. Fill Out the Form I-907.

Use Black Ink Only. Type or print clearly using **CAPITAL** letters. If an item does not apply to you, write "N/A." If the answer is none, write "NONE."

This form is divided into Parts 1 through 4. The following information should help you fill out the form.

Part 1 - Information about you

- **Company or Business Name** - Give the full name of the company or business.
- **Name of Company Contact** - Give the name of the person designated to receive information on this request.
- **Contact** - Select your preferred method of communication with the Service in relation to this case by placing an "X" in one of the boxes provided. The Service will attempt to comply with your preferred method of contact. However, there may be instances where we find it necessary to use one of the alternate methods listed. Therefore, please complete all of the information requested in the "contact" section of this form.

Part 2 - Information about request

- Give the requested information about the related petition or application for which you are requesting Premium Processing Service.

Part 3 - Your signature

- You must sign and date your application. If you do not sign the form we must return it to you.

Part 4 - Signature of person preparing form if other than applicant

- If you do not fill out the Form I-907 yourself, the preparer must sign, date, and give his or her address and daytime phone number.
- If the preparer is a business or organization, its name must be included on the form.

Step 2. Submit Your Request.

You must include the following items with your request.

- **Your signed and completed Form I-907.**
- **Your signed and completed relating petition or application** - unless the relating petition or application is already pending.
- **Filing fee.** The filing fee for a Form I-907 is \$1,000.00. The premium fee is paid in addition to the filing fee for the related petition or application. You must pay for Premium Processing Service with a separate check or money order. (Example: One check or money order attached to the related petition or application, and one check or money order attached to the I-907.)

Use the following guidelines when you prepare your check or money order:

- The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency. **DO NOT MAIL CASH.**

- Make the check or money order payable to

Immigration and Naturalization Service, unless:

- you live in Guam and are filing your application there, make it payable to **Treasurer, Guam**.
- you live in the U.S. Virgin Islands and are filing your application there, make it payable to **Commissioner of Finance of the Virgin Islands**.

NOTE: Please spell out Immigration and Naturalization Service; do not use the initials "INS."

Your check or money order must be honored by the bank or financial institution. If it is not, we will charge you a fee and your application and any document issued to you will not be valid.

Submit your application. The I-907 may be filed at the same time as the related petition or application, or it may be filed at a later date. **NOTE:** If filed at a later date, the 15 calendar day adjudication period does not begin until the I-907 has been properly filed.

If the I-907 is filed at the same time as the related petition or application, submit both forms according to the instructions on the related petition or application.

If filed after the related petition or application, submit the I-907 to the same Immigration office where the relating petition or application was filed. If possible, include a copy of the Form I-797, Notice of Action, showing receipt of the relating petition or application.

- If the relating petition or application is to be or was filed at the Vermont Service Center, mail this form to the following address:

Mailing and express mail address:

Premium Processing
Vermont Service Center
30 Houghton Street
St. Albans, VT 05478-2399

E-Mail Address: VSC.Premium.Processing@usdoj.gov

- If the relating petition or application is to be or was filed at the Texas Service Center, mail this form to either of the following addresses:

Mailing address:

USINS, Texas Service Center
P.O. Box 279030
Dallas, TX 75227

Express mail address:

USINS, Texas Service Center
4141 North St. Augustine Road
Dallas, TX 75227

E-Mail Address: TSC.Premium.Processing@usdoj.gov

- If the relating petition or application is to be or was filed at the California Service Center, mail this form to either of the following addresses:

Mailing address:

USINS, California Service Center
P.O. Box 10825
Laguna Niguel, CA 92677

Express mail address:

USINS, California Service Center
24000 Avila Road, 2nd Floor, Room 2302
Laguna Niguel, CA 92677

E-Mail Address: CSC.Premium.Processing@usdoj.gov

- If the relating petition or application is to be or was filed at the Nebraska Service Center, mail this form to either of the following addresses:

Mailing address:

USINS, Nebraska Service Center
P.O. Box 87103
Lincoln, NE 68501-7103

Express mail address:

USINS, Nebraska Service Center
850 S Street
Lincoln, NE 68508

E-Mail Address: NSC.Premium.Processing@usdoj.gov

Service Processing Information.

Our goal at the INS is to process all applications fairly. The processing time will vary, depending on the specific circumstances of each case. We may reject an incomplete application. We may deny your request if you do not give us the requested information or do not go to a scheduled interview.

If you change your address, you must fill out and give us a Form AR-11, Alien's Change of Address Card, and mail it to the office where the application was originally filed. Write "Form I-907" in the lower left hand corner of the address side of the AR-11.

To request INS forms, call our toll-free forms line at **1-800-870-3676**. You may also get INS forms and information about immigration laws and regulations by calling **1-800-375-5283** or from the INS internet website at www.ins.usdoj.gov.

Privacy Act Notice. The INS will use the information on Form I-907 to determine your eligibility for the requested immigration benefit. We may provide information from your request to other government agencies.

Paperwork Reduction Act Notice. You are not required to respond to this form unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is as follows: (1) 10 minutes to learn about the law and form; (2) 5 minutes to complete the form; (3) 15 minutes to assemble and file the application; for a total estimated average of 30 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to: Immigration and Naturalization Service, HQPDI 425 "I" Street, N.W., Room 4034, Washington, DC 20536. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

Application Check List

- Did you completely fill out and sign the form?
- Did you attach a check or money order for \$1,000.00? (See Step 2 of these instructions for fee information.)

While INS does not require that you do so, we suggest that you keep copies of your application packet for your records.

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START HERE - Please Type or Print

FOR INS USE ONLY

Part 1. Information about you. (Person or business filing this request.)

If filed on your own behalf: Individual Named in the Related Case

Family Name (Last Name)	Given Name (First Name)	Full Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If filed on behalf of a company: Company or Business Named in the Related Case

Mailing Address: Street Number and Name / P.O. Box Number

Name of Company Contact	Title/Position
<input type="text"/>	<input type="text"/>

City	State/Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

IRS Tax # (if any)

You (the person submitting this request):

- Are the person named in the relating petition/application.
- Work for company/business named in the relating petition or application.
- Are an attorney/representative.

Your Preferred Form of Communication: Mail Phone Fax e:Mail

Phone Number (Area/Country Code)	Fax Number (Area/Country Code)	e:Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Request Physically Received by INS	Receipt
Date	
Date Returned	
Date	
Date	
Date Resubmitted	
Date	
Date	

To Be Completed By

Attorney or Representative, if any.
Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 2. Information about request.

1. Form number of related petition or application.	2. Classification type being requested
<input type="text"/>	<input type="text"/>
3. Petitioner on the relating case	4. Beneficiary on the relating case
<input type="text"/>	<input type="text"/>

Part 3. Signature. (Read the information on penalties in the instructions before completing this section.)

It is understood that if the Immigration and Naturalization Service (INS) does not issue a notice or make a request for additional evidence within 15 calendar days after this request has been physically received in the appropriate INS office, a full refund will be given to the addressee shown in Part 1 of

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit being sought.

Signature	Title (if applicable)
<input type="text"/>	<input type="text"/>
Print Your Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Part 4. Signature of person preparing form if other than above. (Sign below.)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm Name and Address	Daytime Phone Number (Area Code and Number)	
<input type="text"/>	<input type="text"/>	